

SECRET

70.4939

ILLEG

21 December 1970

MEMORANDUM FOR: Chief, Plans Staff, DDS

SUBJECT : Implementation of OMB Circular A-44 (Revised),
dated 16 February 1970

REFERENCE : Your memorandum, dated 16 November 1970, subject
as above

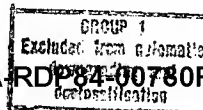
As requested, the following report of projected goals of the Office of Medical Services for the period 1 January-30 June 1971 is submitted.

I. Management Effectiveness Goals

Improved operating efficiency: During this six months period we expect an improvement in operating efficiency through the continued development of a practice already started. This is the practice of bringing OMS division and staff chiefs more effectively into the program planning process. OMS officials are MDs or PhDs whose basic abilities relate to the professional aspects of their jobs. Program planning -- particularly the PPB type -- is a different experience requiring special attention by the components. During January and part of February 1971 we shall be drafting the OMS Program Plan for the period FY 1973-1977. Division and staff chiefs will work closely with our planning officials and will contribute to a greater degree than they ever have before. The result should be a program submission to which all of these officials will have made significant contributions. The experience these division and staff chiefs will have thus received should improve our future planning and operating efficiency.

II. Cost Reduction Goals

✓ Reduction in unit cost for laboratory testing materials: The period 1 January-30 June 1971 will be the first full six months period for the automated multiphasic biochemical profiling in the Clinical Division laboratory. The heart of this new system is the SMA 12 Jr., a laboratory device that will automatically



SUBJECT: Implementation of OMB Circular A-44 (Revised), dated
16 February 1970

run 12 tests on one blood sample (30 such samples can be processed in one hour.). The chemicals required by the SMA 12 Jr. -- reagents -- cost \$2 for each battery of 12 tests whereas reagents required for tests performed manually as before cost \$1 for each test -- or \$12 if all 12 tests were to be run. Thus in the new system costs for reagents are roughly one sixth of the costs of the previous manual procedure. This, of course, is the type of economy that makes multiphasic screening appropriate. Our program plans provide for such a screening program to enable us to be accessible to many of the Agency employees that we do not now see.



JOHN R. TIETJEN, M. D.
Director of Medical Services

25X1